

FORM NO. 3.

MARGIN RESERVED FOR BENDING.

WRIT
N. B.WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of AbbevilleTownship of Calhoun Millsor
Inc. Town of Willington S.C.

City of

(No.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 102 Registered No. 2

File No.—For State Registrar Only

18(2) Full Name of Child Stillbirth

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? twins(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH January 7th 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence Simmons(9) PRESENT POSTOFFICE OF FATHER Willington S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Lincoln Co. Ga.(13) OCCUPATION Laborer (Farmer)(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Ferguson(15) PRESENT POSTOFFICE OF MOTHER Willington, S.C.(16) COLOR OR RACE Negress (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Lincoln Co. Ga.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Stillborn at 1:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. J. Cade, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Willington S.C.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 8, 1915 (28) W. H. Andrews Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.